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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING | | X3) DATE SURVEY COMPLETED 01/02/2014 | |
| NAME OF PROVIDER OR SUPPLIER ROSEWALK AT LUTHERWOODS | | | | STREET ADDRESS, CITY, STATE, ZIP CODE 1301 N RITTER AVE INDIANAPOLIS, IN 46219 | | | |
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| R000000 | <p>This visit was for a State Residential Licensure Survey.</p> <p>Survey Dates: December 30th, 31st, 2013 and January 2nd, 2014.</p> <p>Facility Number: 011587 Provider Number: 011587 AIM Number: N/A</p> <p>Survey Team: Tom Stauss, RN TC Beth Walsh, RN Karina Gates, Generalist (January 2nd, 2014)</p> <p>Census Bed Type: Residential: 99 Total: 99</p> <p>Census Payor Type Medicaid: 52 Other: 47 Total: 99</p> <p>Sample: 10</p> <p>These State findings are cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed on January 8, 2014, by Janelyn Kulik, RN.</p> | | R000000 | <p>The creation and submission of this Plan of Correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or of any violation of regulation. This provider respectfully requests that the 2567 Plan of Correction be considered the Letter of Credible Allegation and requests a Desk Review or Post Survey Review on or after 01/20/14.</p> | | | |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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| R000241 | <p>410 IAC 16.2-5-4(e)(1) Health Services - Offense (e) The administration of medications and the provision of residential nursing care shall be as ordered by the resident 's physician and shall be supervised by a licensed nurse on the premises or on call as follows: (1) Medication shall be administered by licensed nursing personnel or qualified medication aides.</p> <p>Based on observation, interview, and record review, the facility failed to ensure a medication was administered, as ordered, by the resident's physician, during a random observation. This affected 1 of 5 residents observed for medication administration (Resident # 13).</p> <p>Findings include:</p> <p>During a random observation of a medication administration with QMA #1, on 12/31/13 at 11:00 a.m., QMA #1 was getting ready to administer Resident #13's medication. QMA #1 pulled out a medication bottle of carbidopa/ levodopa 25-100 mg (milligram) (medication for Parkinson's) and verified the bottle against the December MAR (medication administration record). QMA #1 then administered the medication to Resident #13 with</p> | R000241 | <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice; A meeting with Resident #13 was held regarding concerns surrounding medication administration. Dr. office was called and order clarified. Resident #13 did not want applesauce with med pass. Resident was educated about importance. Resident is now receiving medication with solid non-protein food. How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken; All residents have the potential to be affected. Complete chart audit conducted by Clinical Director to ensure medication matches MAR, any discrepancies identified have been clarified. Audit completed by 1/20/2014.</p> <p>What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur; On 12/31/13,</p> | | 01/20/2014 | | |

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| | <p>water.</p> <p>A review of the order on the medication bottle for carbidopa/levodopa 25-100 mg indicated take 2 tablets orally five times a day and take 1/2 hour before meals with 4 oz (ounce) applesauce or equivalent solid fruit, not fruit juice. The medication bottle was dispensed on 11/25/13. During the above observation, QMA #1 did not administer the medication with applesauce or equivalent solid fruit.</p> <p>A review of the December Physician's Orders and December MAR, for Resident #13, indicated to take 2 tablets of carbidopa/levodopa 25-100 mg by mouth 5 times daily.</p> <p>During an interview with QMA #1, on 12/31/13 at 12:10 p.m., she indicated she never noticed the order, on the medication bottle for carbidopa/levodopa 25-100 mg, was different than what was on the Physician's Orders or the MAR.</p> <p>On 12/31/13 at 12:15 p.m., the Clinical Director (CD) also indicated she never noticed the order, on Resident #13's medication bottle for carbidopa/levodopa 25-100 mg, was different than what was on the</p> | | | | <p>nurses were re-educated by Clinical Director on facility's Medication Pass Procedure. Monthly audit of MAR and medication labels will be completed by Clinical Director or designee. New medication orders will be reviewed by Clinical Director and/or designee to ensure physician orders match the prescribed medication. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place; and A CQI tool for Medication Administration will be completed by Clinical Director and/or designee. This tool will be completed 3 times a week for 2 weeks, weekly x 4 weeks then monthly x 3 months. This will be reviewed at the facility's At Risk meeting.</p> | | |

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| | <p>Physician's Orders or the MAR. She indicated (name of Resident #13 physician/hospital) sent the orders straight to the pharmacy and then the pharmacy sent the medication. The CD indicated there had been communication issues in the past, with the (name of Resident #13's physician/hospital), in regards to changes in medication orders and not sending the new order to the facility and only to the pharmacy. The CD also indicated staff should have noticed the difference in the order on the medication bottle versus the Physician's Order/MAR and should have clarified the order before giving the medication.</p> <p>A Physician's Order dated 12/31/13 at 1:15 p.m., was received from the CD, on 12/31/13 at 1:45 p.m. It indicated a clarification to Resident #13's medication. The Physician's Order indicated to take all scheduled carbidopa/levodopa with 4 oz applesauce 30 minutes prior to meals. The clarification was from the facility Medical Doctor (MD), not the prescribing doctor.</p> <p>During an interview, on 1/2/14 at 10:45 a.m., the CD indicated staff were expected to follow physician's orders and staff should have caught</p> | | | | | | |

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| | <p>the difference in orders on the medication bottle and Physician's Orders/MAR, especially since the bottle was dispensed on 11/25/13. She also indicated the facility was going to do an inservice on verifying the orders on medication bottles against the Physician's Orders/MAR, since there had been communication issues with receiving the current Physician's Orders from the prescribing MD. The CD further indicated she received a new clarification of the administration times of carbidopa/levodopa from the facility MD, not the prescribing MD. She also indicated she was still trying to get a hold of the prescribing MD, to determine the rationale for the order of applesauce or equivalent with the medication. The CD indicated the facility does not have a specific policy in regards to following physician's orders, as ordered.</p> <p>At 1:42 p.m., on 1/2/14, the CD indicated she was finally able to get a hold of the prescribing MD's office. The CD indicated the prescribing MD's office indicated the added order of applesauce or equivalent, with administration, was to help with the absorption of the medication. The MD would like Resident #13 to</p> | | | | | | |

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| R000406 | <p>have a non-protein food with administration of the medication, whether it was applesauce or some other non-protein food.</p> <p>410 IAC 16.2-5-12(a) Infection Control - Offense (a) The facility must establish and maintain an infection control practice designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of diseases and infection. Based on observation, interview and record review, the facility failed to maintain an infection control practice that provided a sanitary environment and helped to prevent the possible transmission of diseases and infections for 1 of 99 residents in the facility. (Resident #60) Findings include:</p> | | R000406 | <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice; Rooms 60 and 39 have been cleaned by housekeeping staff. Maintenance notebook has been sanitized by Maintenance Supervisor. How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken; All residents</p> | | 01/20/2014 | |

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| | <p>An environmental tour of the facility was conducted with the Maintenance Director (MD) on 1/2/14 at 11:10 a.m.</p> <p>During an observation of Resident #39's bathroom sink water temperature, the MD laid a white binder titled "Preventative Maintenance Schedule" on the open toilet seat of Resident #39 for 90 seconds while retrieving the water temperature from the sink. He then picked up the binder with bare hands, did not sanitize the binder in any way, and left the room. After exiting Resident #39's room, he walked into Resident #60's room with the unsanitized white binder and set the binder on the counter next to the kitchen sink.</p> <p>During an interview with the Administrator on 1/2/14 at 1:15 p.m. regarding the above observations she indicated, "Ideally, you wouldn't want to do that...because there could be germs on it."</p> <p>The Director of Nursing (DON) provided a copy of the 3/12/13 mandatory all-staff Record of Facility Inservice on hand washing and infection control. It indicated the</p> | | | | <p>have the potential to be affected. In-service conducted regarding Infection Control held on 1/14/14 by Clinical Director and General Manager. What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur; In-service conducted regarding Infection Control held on 1/14/14 by Clinical Director and General Manager. Manager will conduct rounds daily to ensure infection control guidelines are being followed. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place; and A CQI tool for Infection Control will be completed by Clinical Director and/or designee. This tool will be completed 3 times a week for 2 weeks, weekly x 4 weeks then monthly x 3 months. This will be reviewed at the facility's At Risk meeting.</p> | | |

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| | <p>names of staff in attendance. It did not indicate the Maintenance Director attended this inservice.</p> <p>The Infection Control Policy provided by the Administrator on 1/2/14 at 1:35 p.m. indicated, "Assume that every resident is <u>potentially</u> infected or colonized with an organism that could be transmitted in the healthcare setting."</p> | | | | | | |